PTO/SB708 (08-03)
Approved for use through 7/31/2008, CAMP 0651-0032
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number 542		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN . SMALL ENTITY	
Ļ	FOR	MUM	AUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
(D)	SIC FEE CFR 1.16(a))							-	OR		,
(3)	TAL CLAIMS . CFR 1.16(c)		กข่านร 2			]	X 8•	٠.	OR	X 5_ = ·	
(37	EPENDENT CLAI CFR 1.16(b))	MS	minus 3 +		•		x s =		OR.	X 5 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(0))					1	+ 5 =		OR	+,		
° ti the difference in column 1 is less than zero, enter "0" in column 2.					•	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II											
	7	(Cotumn 1)		(Cotumn 2)	(Column 3)		SMALL 6	NTTTY	OR	OTHER SMALL	
ENT A	17-11-65	REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
5	Total (37 GFR 1,149d)	34	Minus	-117	•		X \$ a	FEE	~	X 3 =	FEE
END	Independent (37 CFR 1.16(b))	7	Minus	26	· ·	П	X 8 =		OR OR	X 8 -	
A	FIRST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	TR 1.15(41)		+1 =	·	OR.		
09.01.05 (Cotumn 1) (Cotumn 2) (Cotumn 3)						, ,	TOTAL ADOL FEE	-	OR I	TOTAL	
							worre		OR	ADD'L FEE	
AMENDMENT B	311	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total promiting	34	Minus	-117	=		x \$		OR	x 1	
Ä	Independent (37 CSR 1,186.D	<u>. a</u>	Minus	26			×3		OR	xs o	
¥ <del>بارار</del>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))							ノコ	OR	./\	
48	54, .						TOTAL ADO'L FEE		OR .	TOTAL ADD'L FEE	
1/2	-2-05	(Column 1)		(Catumn 2)	(Column 3)				•	. •	
AMENDMENT C	1/18/0	CLAIMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total profestuaca)	:34	Minus	-///	•	1	x s .			X : 0	FEE
AEN	DF OFR 1,10(b))	. 2	Minus	20	•	r	X \$	$\rightarrow$		***	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(0))					ľ			OR 4		
							TOTAL ADD'L FEE		L	TOTAL	
* If the entry in column 1 is tess than the entry in column 2, write "O" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20".  ** If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20".											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1											

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a bonefil by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.